



COMMONWEALTH of VIRGINIA

Department of Health Office of Emergency Medical Services

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December 1, 2006

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804-864-7600
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TO: All Virginia EMT-Instructors / Regional EMS Councils
FROM: Gregory S. Neiman, BLS Training Specialist
SUBJECT: Clarification of BLS Reimbursement Rate Schedule and
Revision of the Course Announcement Form

Recently the Office of EMS conducted a review of the EMT-Instructor reimbursement rates for BLS training programs.

According to the current regulation, **12 VAC 5-31-1560.**

A. The BLS course coordinator for approved first responder and emergency medical technician certification courses and Category 1 "Required" CE programs is eligible to request reimbursement. Reimbursement is designed to cover estimated costs for instruction and coordination of approved programs.

EMT-B and First Responder (FR) "refresher" programs are currently being conducted as 24 hours of Category 1 CE REQUIRED TOPICS (9 for FR) and 12 Hours of Category 2 (9 for FR).

The Office will no longer accept "Refresher" Course announcements and will only reimburse for the Category 1 CE REQUIRED TOPICS that are taught for each BLS level, 24 hours for EMT-B and 9 hours for FR. As a result, the new EMT-Instructor Course Reimbursement Rate table is:

EMT-Instructor Course Reimbursement Rates					
BASED ON A RATE OF \$20.00/hour					
COURSE:	<i>EMT-BASIC COURSE</i>	<i>EMT-REQUIRED TOPICS</i>	<i>FR-BASIC COURSE</i>	<i>FR REQUIRED TOPICS</i>	<i>Category 1 CE</i>
HOURS:	111	24	41	9	\$20.00/hr
STUDENTS:					
13+	\$2,220.00	\$480.00	\$820.00	\$180.00	
7-12 (60%)	\$1,335.00	\$290.00	\$495.00	\$110.00	
1-6 (45%)	\$1000.00	\$220.00	\$370.00	\$85.00	
EFFECTIVE NOVEMBER 1, 2006					

(over)



www.vdh.state.va.us/oems

BLS Reimbursement Rate Schedule
December 1, 2006
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To facilitate this change the Course Announcement Form (EMS TR-01) has been revised and Refresher Courses have been removed as a selection on the form. Please begin using the new forms immediately. New versions will be included in all Instructor Course Packets and may be completed online or downloaded from the Files and Forms Section of our website:

(http://www.vdh.virginia.gov/OEMS/Files_page/files.asp#Instructor%20Forms)

If you have questions regarding this change, please contact me at
Gregory.Neiman@vdh.virginia.gov or (804) 864-7600/(800) 523-6019 (Va. only).



COURSE APPROVAL REQUEST FORM

109 Governor Street
Madison Bldg., Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600

TYPE OF PROGRAM: (CHECK ONE APPROPRIATE BOX)

- | | | |
|--|--|---|
| <input type="checkbox"/> First Responder Basic | <input type="checkbox"/> EMT-Enhanced Basic | <input type="checkbox"/> EMT-E Bridge to EMT-I |
| <input type="checkbox"/> First Responder Required Topics (9 Hours) | <input type="checkbox"/> EMT-Intermediate Basic | <input type="checkbox"/> EMT-I to P Bridge |
| <input type="checkbox"/> FR Required Topics + 9 hrs Cat 2 (18hr program) | <input type="checkbox"/> Paramedic – Basic | <input type="checkbox"/> RN Bridge to Paramedic |
| <input type="checkbox"/> EMT – Basic | | |
| <input type="checkbox"/> EMT – Basic Required Topics (24 Hours) | <input type="checkbox"/> ALS Required Topics (48 Hours) | |
| <input type="checkbox"/> EMT – Basic Required Topics + 12 hrs Cat 2 (36hr program) | <input type="checkbox"/> ALS Required Topics + 24 hrs Cat 2 (72 Hours) | |
| <input type="checkbox"/> *BLS CE Program _____ | <input type="checkbox"/> *ALS CE Program _____ | |
| <input type="checkbox"/> *Other: _____ | | |

* Attach course outline listing subject "AREA" and lesson length for custom CE programs not using standard OEMS CE Modules.

COURSE COORDINATOR INFORMATION – PRINT

NAME: _____ CERT #: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE #: HOME: () - - BUSINESS () - - OTHER () - -

E-MAIL ADDRESS: _____

NAME OF ASSISTING INSTRUCTOR AUTHORIZED TO RECEIVE COURSE INFORMATION: _____

PROGRAM LOCATION – PRINT

Facility: _____

FACILITY ADDRESS: _____

BLDG/ROOM: _____

CITY: _____ ST: _____ ZIP: _____

FOR INFORMATION STUDENTS CAN CALL: () - -
(PUBLISHED ON THE WEB FOR OPEN PROGRAMS ONLY)

STATE USE ONLY FIPS

PROGRAM INFORMATION -

MAXIMUM NUMBER OF STUDENTS: _____ PROGRAM LENGTH: _____ (HOURS)

OPEN / CLOSED: _____ TOTAL CE HOURS REQUESTED: _____

BEGIN DATE: _____ - ____ - ____ END DATE: _____ - ____ - ____

DAYS COURSE MEETS

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Various |

30 DAYS ADVANCE NOTICE OF
PLANNED COURSE IS REQUIRED
TO INSURE DELIVERY OF
MATERIALS

EXAM SITE REGISTRATION **MUST** BE CONFIRMED WITH
THE LOCAL REGIONAL COUNCIL OFFICE.

REIMBURSEMENT REQUESTED?

- ☐ YES
- ☐ NO

IF REQUESTED, A SIGNED CONTRACT IS
REQUIRED AND A STUDENT FEE FORM IS
REQUIRED FOR BLS COURSES.

TIME CLASS MEETS: START TIME: ____ : ____ : ____ AM ☐ PM END TIME: ____ : ____ : ____ AM ☐ PM

CLASSROOM LOCATION: _____

NOTE - THIS ORIGINAL FORM MUST BE SUBMITTED TO OEMS - FAXES ARE NOT ACCEPTABLE

OMD / PCD SIGNATURE: _____

OMD / PCD #: _____

APPROVED MEDICAL DIRECTOR'S SIGNATURE IS REQUIRED FOR ALL OEMS CERTIFICATION COURSES AND ALL COURSES AWARDING CATEGORY 1 (REQUIRED) TOPICS.

COURSE COORDINATOR: _____ DATE: _____ - ____ - ____

OFFICE OF EMS USE ONLY:

Course #: _____ Topic: _____ Approved: _____ Date: _____

OFFICE OF EMS USE ONLY:

Course #: _____

Topic: _____

Subject: _____

EMS Notified Date: _____

Reimbursement Requested: _____

Reimbursement Approved: _____

Office Approval: _____

Date: _____

COMMONWEALTH OF VIRGINIA
Contract for Basic Life Support Course Coordination

This CONTRACT entered into this _____ day of _____, _____
by _____ hereafter called the "CONTRACTOR" and the Office of Emergency Medical Services,
hereinafter called the "PURCHASING AGENCY".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of promises and of the mutual covenants, consideration and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the Purchasing Agency with the services required by 12VAC5 (Chapter 30 or 31 as applicable) of state regulations and Office of EMS policies for the position of EMT-Instructor/BLS Course Coordinator. The contracted course as specified in Office of EMS policy shall be conducted for the designated number of hours based upon a standard rate of \$20.00 per hour or on a prorated basis determined by course enrollment levels. The Contractor shall coordinate student scheduling and registration for Consolidated Test Sites made available by the Purchasing Agency.

SELF EMPLOYMENT: The Contractor will perform as an independent contractor, is self-employed, and therefore is responsible for payment of any and all taxes to which he or she may be subject and will accrue no benefits from the State.

SUPPLEMENTAL PAYMENTS OR FEES: The Contractor must disclose any supplemental payments or reimbursement received and any tuition, enrollment or institutional fees charged students for taking the course. The amount of these payments or fees may be reason for denial of reimbursement payment.

SUPPLEMENTAL PAYMENT HAS BEEN ARRANGED TO BE PROVIDED BY THE:

IN THE TOTAL AMOUNT OF: \$ _____

STUDENT COURSE FEES ARE BEING CHARGED IN THE AMOUNT OF: \$ _____ per student.

DISPUTES: Disputes arising under this Contract will be governed by the provisions of Chapter 11 of the Agency Procurement and Surplus Property Manual, DGS, September 1998. (Including all revisions current at time of contract acceptance.)

HOLD HARMLESS: The Contractor agrees to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents and employees from any claims, damages and actions or any kind or nature, whether at law or non-performance under this Contract.

TERMINATION: This Contract may be canceled by either party by giving a thirty (30) day written notice to the other, or this Contract shall be canceled automatically in the event sufficient funds are not appropriated for the purpose of continuation of this agreement or if the Contractor is found to be in violation of state regulations governing the conduct of the contracted course.

IN WITNESS THEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Contractor:
BY: _____

Purchasing Agent:
BY: Gregory S. Neiman

SIGNED: _____

SIGNED: _____

DATE: _____ - - _____

DATE: _____